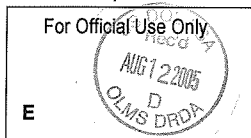


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5601</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Frank</u> <u>M</u> <u>Vento</u> P.O. Box, Bldg., Room No., if any Street <u>851 Pierce Butler Rt.</u> City <u>St. Paul</u> State <u>MN</u> ZIP Code + 4 <u>55104-1634</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers Local Union 512</u> Labor Organization File Number <u>022-158</u> P.O. Box, Building and Room Number, if any Street <u>851 Pierce Butler Rt.</u> City <u>St. Paul</u> State <u>MN</u> ZIP Code + 4 <u>55104-1634</u>
5. Position in labor organization. <u>President / Market Recovery Program Director</u>	

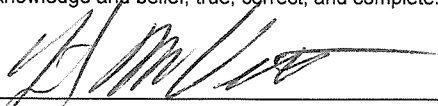
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount. 

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

7-6-05

Date

651-488-5506

Telephone Number

Name of Person Filing

Frank M. Vento

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Turn City Ironworkers Apprentices Training FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500Street 3001 Metro DriveCity BloomingtonState MN ZIP Code + 4 55425-1412

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

Provides Apprentice Training and Journeyman Upgrading Services

11.b. Approximate dollar value of such dealing.

\$300,000.

12.a. Nature of interest held or income received.

Box Lunches provided in connection with attendance at the Local and regional joint apprentice committee trustee meetings on 1-28-04 / 4-7-04 / 8-12-04 / 9-29-04 / 10-6-04

12.b. Amount.

\$50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Sieben, Grose, Von Holtum & Carey LTDTrade Name, if any: P.O. Box, Bldg., Room No., if any 900 Midwest Plaza East Bldg.Street 800 Marquette AveCity mplsState MN ZIP Code + 4 55402

14.a. Nature of payment.

Dinner in connection with AFL-CIO National Legislative Conference on 3-29-0413.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$100.00

Name of Person Filing	Frank M. Vento	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text" value="Great Lakes Fabricators &amp; Erectors Assn."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 1101"/></p> <p>Street <input type="text" value="1001 Woodward Dr."/></p> <p>City <input type="text" value="Detroit"/></p> <p>State <input type="text" value="MI"/> ZIP Code + 4 <input type="text" value="48266"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px;"><p>Cocktail Reception in connection with Ironworkers Joint Tri-Council District Meeting in Bell Ave, MI on 5-5-09</p></div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text" value="\$50.00"/></p>



Name of Person Filing	Frank M. Vento	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Twin City Ironworkers Apprenticeship & Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 3001 Metro Drive

City Bloomington

State MN ZIP Code + 4 55425-1412

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

Provides Apprenticeship Training and Journeyman Upgrading Services

11.b. Approximate dollar value of such dealing. \$300,000

12.a. Nature of interest held or income received.

Reception and Dinner provided in connection with attendance at apprentice graduation ceremonies on 4-30-04 and 10-29-04

12.b. Amount. \$104.00